

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0163304 AV

DOCUMENT # **P02000082509**

1. Entity Name  
**LANZA DRYWALL CORP.**



FILED

03 OCT 24 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2420 LARGO DR  
MIRAMAR FL 33023**

Mailing Address  
**2420 LARGO DR  
MIRAMAR FL 33023**



**REINSTATEMENT** 03  
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2420 LARGO DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2420 LARGO DR.**  
Suite, Apt. #, etc.

City & State  
**MIRAMAR FLA.**

City & State  
**MIRAMAR FLA.**

4. FEI Number  
**20-0313771**

Applied For  
☒ Not Applicable

Zip Country  
**33023 U.S.A.**

Zip Country  
**33023 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LANZA, OSCAR**  
**2420 LARGO DR**  
**MIRAMAR FL 33023**

**7. Name and Address of New Registered Agent**

Name **LANZA, OSCAR**  
Street Address (P.O. Box Number Not Allowed) **2420 LARGO DRIVE MIRAMAR**  
**FL 33023**  
City **MIRAMAR** FL Zip Code **33023**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Registered Agent** **500023645735**  
10/03/03--01045--012 \*\*\$550.00  
Signature of person printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>LANZA, OSCAR</b>
STREET ADDRESS	<b>2420 LARGO DR</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500023645735</b>
STREET ADDRESS	<b>10/24/03--01033--028 **200.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **President** **October 10/03** **1-(954) 964-9454**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)